



ILLINOIS

STATE REPORT | 08.30.2020

SUMMARY

- Illinois is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 18th highest rate in the country. Illinois is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 29th highest rate in the country. Illinois has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Cook County, 2. DuPage County, and 3. Will County. These contiguous counties in the Chicago CBSA represent 48.9% of new cases in Illinois. Viral transmission is widely distributed in Illinois with the highest incidences reported outside of the Chicago CBSA including the St. Louis CBSA (Region 4 – MetroEast) and Peoria CBSAs. 60% of all counties in Illinois have ongoing community transmission (yellow or red zone), with 13% having high levels of community transmission (red zone).
- Illinois State University has reported more than 500 positive tests among students since Aug 17, including 102 on Aug 27; students who test positive are asked to return home to their permanent residence, which can increase transmission risk in those communities.
- 1.4% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Illinois had 107 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 64 to support operations activities from FEMA; 6 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Aug 22 - Aug 28, on average, 115 patients with confirmed COVID-19 and 500 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. An average of 88% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- The University of Illinois at Urbana-Champaign's testing program is noted and commended; rapid improvement of the system and dissemination of the testing methodology and electronic app through Shield T3 and other forums will be very useful.
- For institutes of higher education (IHE):
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
 - Ensure all universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities.
 - Ensure university students with or exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities, for their students and to support the community surrounding their universities.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboard.
- Continue to support state testing guidelines ensuring broad testing of priority populations, identified or suspected contacts, and symptomatic individuals. Continue efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Keep statewide mask requirement in place. Ensure implementation of newly approved enforcement rules for mask mandate statewide to support local government application and enforcement.
- For counties in the red and yellow zones, close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues. In other counties, the new state masking requirement for bars and restaurants is commended. In red zones, limit the size of social gatherings to 10 people or fewer; in yellow zones, limit social gatherings to 25 people or fewer.
- Message to residents that if they have vacationed in, or had visitors from, areas or states with high COVID-19 prevalence, including the South and West of the United States, they should: avoid vulnerable individuals; remain socially distanced and masked when around others for a minimum of 14 days; avoid indoor gatherings where social distancing and masks cannot be maintained; and get tested if anyone in their family develops symptoms. Also, message that they can transmit the virus even when asymptomatic.
- Protect vulnerable populations in assisted living and long-term care facilities through routine testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place. Any nursing homes with 3 or more cases of COVID in a week should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in local epidemic and appropriate actions that should be adopted.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.



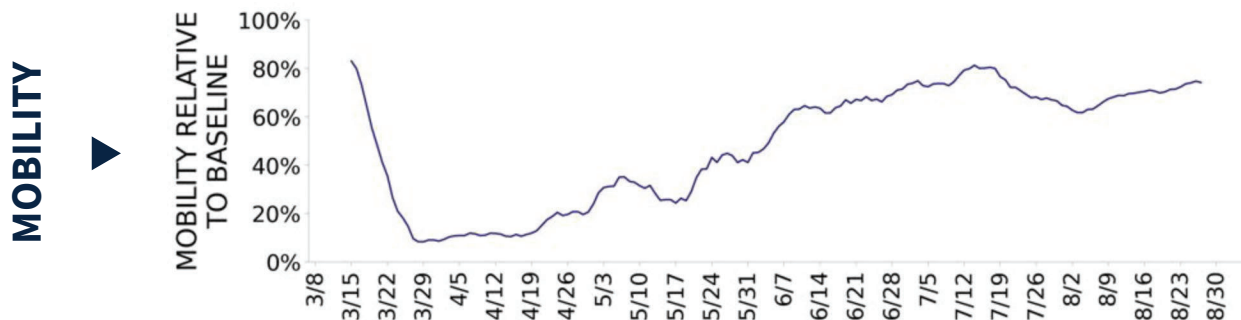
COVID-19



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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	13,556 (107)	+2.4%	46,258 (88)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.0%	-0.4%*	5.0%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	300,076** (2,368)	+7.2%**	1,040,478** (1,980)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	141 (1)	+3.7%	759 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	10.0% (21.8%)	+1.3%* (+0.9%*)	7.5% (16.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2.7%	+0.1%*	3.3%	5.0%



* Indicates absolute change in percentage points.

** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE	LOCALITIES IN YELLOW ZONE
METRO AREA (CBSA) LAST WEEK	4 Effingham Fort Madison-Keokuk Burlington Cape Girardeau	16 Chicago-Naperville-Elgin St. Louis Peoria Bloomington Ottawa Carbondale-Marion Davenport-Moline-Rock Island Springfield Charleston-Mattoon Rockford Kankakee Jacksonville
COUNTY LAST WEEK	13 Effingham Clinton Randolph Bureau Monroe Shelby Union Fayette Warren Jasper Lawrence Henderson	48 Cook Will Lake Kane Madison St. Clair Peoria McLean McHenry Tazewell Sangamon LaSalle

All Yellow CBSAs: Chicago-Naperville-Elgin, St. Louis, Peoria, Bloomington, Ottawa, Carbondale-Marion, Davenport-Moline-Rock Island, Springfield, Charleston-Mattoon, Rockford, Kankakee, Jacksonville, Mount Vernon, Sterling, Centralia, Paducah

All Red Counties: Effingham, Clinton, Randolph, Bureau, Monroe, Shelby, Union, Fayette, Warren, Jasper, Lawrence, Henderson, Pulaski

All Yellow Counties: Cook, Will, Lake, Kane, Madison, St. Clair, Peoria, McLean, McHenry, Tazewell, Sangamon, LaSalle, Williamson, Coles, Rock Island, Kankakee, Winnebago, Kendall, Morgan, Henry, Jackson, Jefferson, Macoupin, Jersey, Grundy, Whiteside, Perry, Woodford, Marion, Boone, Montgomery, Carroll, Hancock, Moultrie, Cumberland, Cass, Bond, Clay, Edgar, White, Jo Daviess, Pike, Washington, Johnson, Crawford, Richland, Massac, Mercer

* Localities with fewer than 10 cases last week have been excluded from these alerts.

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and lab test positivity result above 10%.

Yellow Zone: Those CBSAs and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a lab test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials

- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing

- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging

- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials

- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing

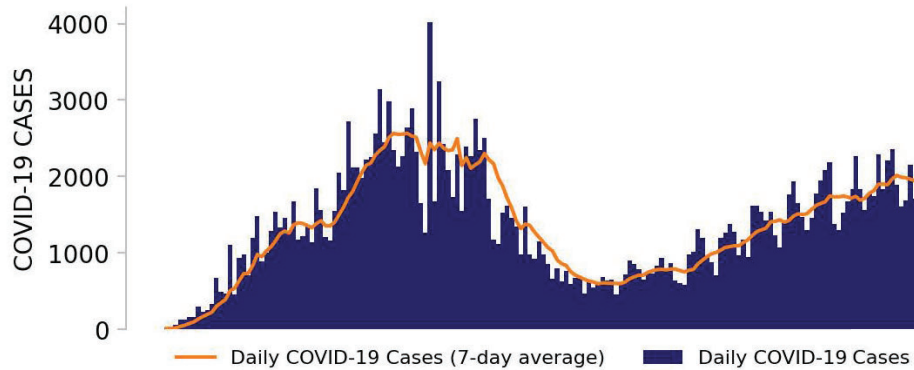
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device



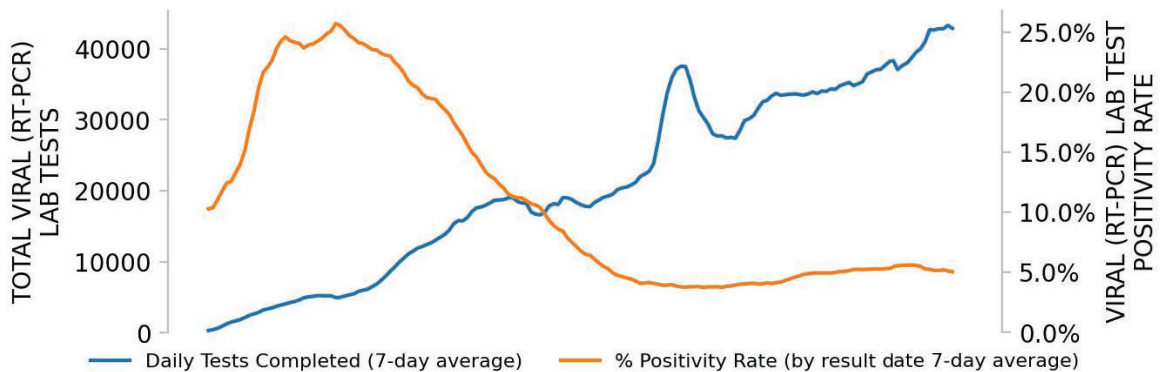
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NEW CASES

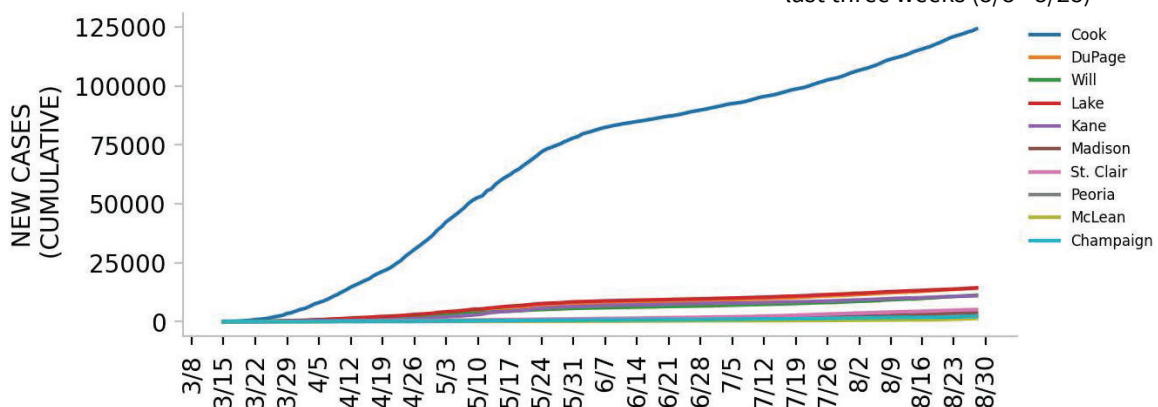


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

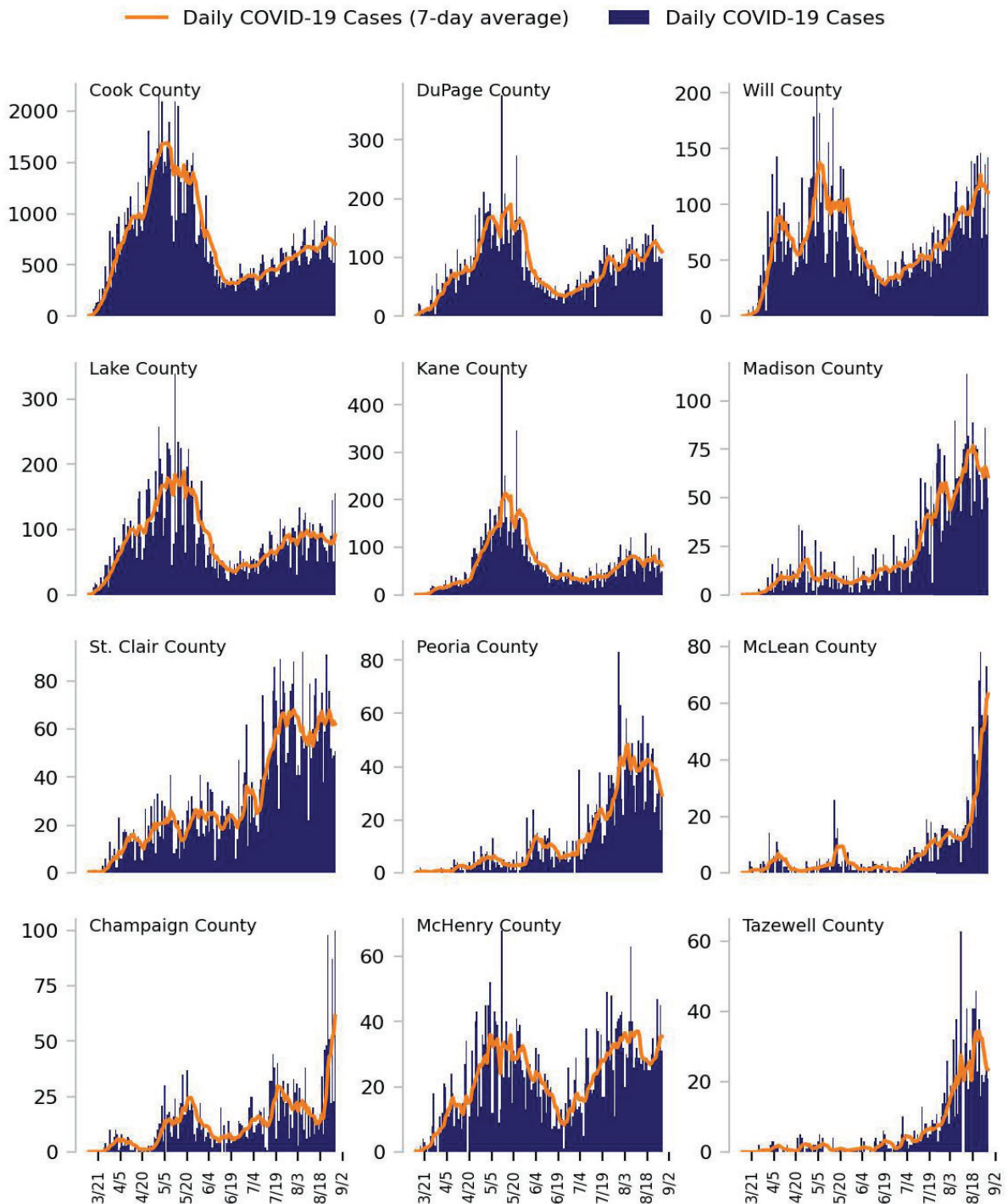
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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



Top 12 counties based on number of new cases in the last 3 weeks

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

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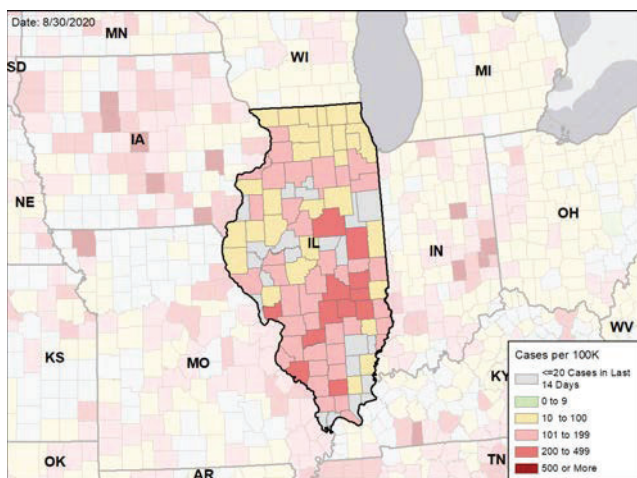


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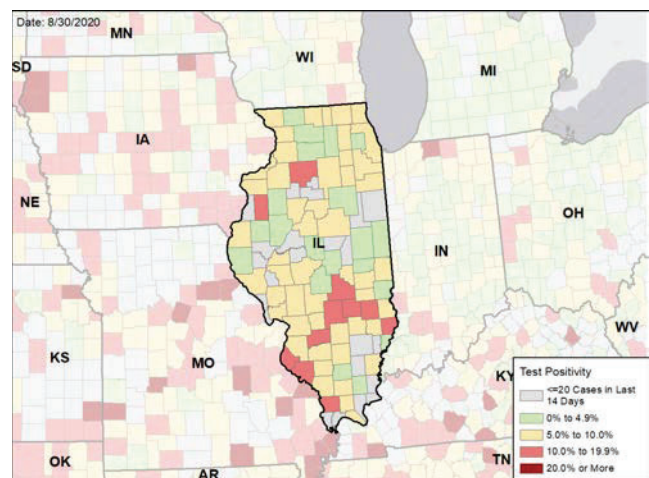
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

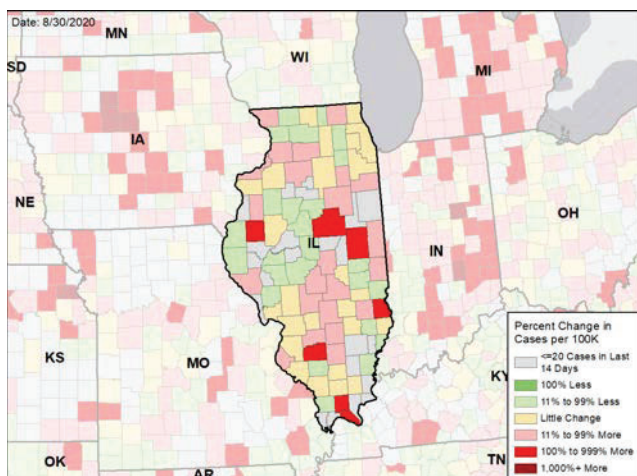
NEW CASES PER 100,000 DURING LAST WEEK



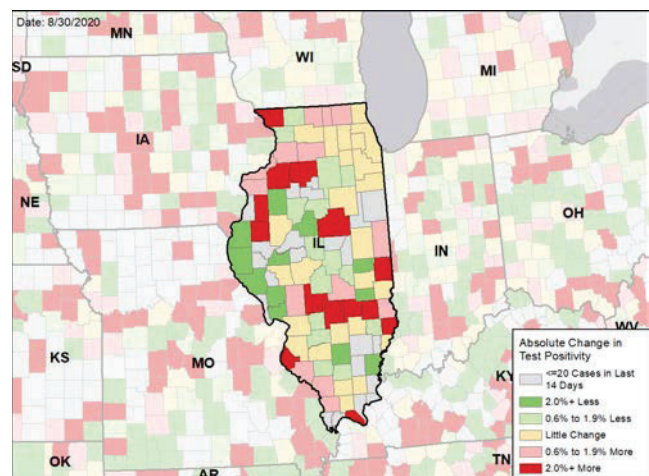
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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